



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 17, 2007

Ken Harman
IHC Hospice of Cassia RMC
1501 Hiland
Burley, Idaho 83318

RE: IHC Hospice of Cassia RMC, provider #131542

Dear Mr. Harman:

This is to advise you of the findings of the Medicare survey, which was concluded at your facility on August 9, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by August 30, 2007, and keep a copy for your records.



**Intermountain
Homecare**

1501 Hiland Ave.
Burley, Idaho 83318
208.678.8844

August 29, 2007

Patrick Hendrickson R.N., H.F.S.
Rae Jean McPhillips, R.N., H.F.S.
Bureau of Facility Standards
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

RE: IHC Hospice of Cassia RMC, provider #131542

Dear Patrick and Rae Jean:

Please find enclosed the Plan of Correction addressing the deficiency from the Medicare survey concluded at our facility on August 9, 2007.
Thank you for professional services.

Leslie Klett R.N.
Nurse Manager

RECEIVED

AUG 30 2007

FACILITY STANDARDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2007
NAME OF PROVIDER OR SUPPLIER IHC HOSPICE OF CASSIA REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HILAND BURLEY, ID 83318		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your hospice agency. The surveyors conducting the Medicare recertification survey were: Patrick Hendrickson, R.N., H.F.S., Team Leader Team Leader Rae Jean McPhillips, R.N., H.F.S.	L 000	All patients on Hospice services of Cassia Regional Medical Center will have a plan of treatment that will be integrated into the individualized negotiated service agreement that is required by Residential Assisted Living Facility (RALF). The Hospice Plan of Treatment will clearly delineate:		08/31/07
L 117	418.56(b) WRITTEN AGREEMENT The hospice has a legally binding written agreement for the provision of arranged services. This STANDARD is not met as evidenced by: Based on staff interview and review of a list of current patients and hospice contracts, it was determined the hospice failed to ensure it had legally binding agreements for the provision of arranged services with 2 of 2 Assisted Living Facilities (ALFs) where hospice patients resided or had temporary stays. This resulted in the potential for confusion related to responsibilities for patient care. The findings include: During a review of hospice contracts, it was identified that no binding agreements were present for the ALFs where the hospice patients resided or had temporary stays. The administrator confirmed, when interviewed on 8/8/07 at 3:30 PM, that binding agreements with ALFs were not in place.	L 117	<ul style="list-style-type: none"> • What services are to be provided by hospice • The frequency/timing of the hospice services The initial Hospice Plan of Treatment will be signed by the RALF administrator/or designee and the Hospice Nurse Coordinator. Hospice updates, feedback and communication of plan changes will be in writing and signed by the RALF administrator/or designee and the Hospice Nurse Coordinator. A written list of symptoms and conditions related to the terminal illness that do not warrant an immediate call to 9-1-1 will be provided by hospice to the RALF for each resident on hospice services. Nurse Manager and/or Nurse Coordinator will weekly audit 100% of the documentation from hospice patients residing in RALF to assure coordination of care by a coordinated team approach.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cecile Klett Nurse Manager 082807

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.